

***Including
New Fathers***
***A Guide for Maternity
Professionals***

www.fathersdirect.com



“The Government believes much more can be done to release the potential improvements in outcomes for children through better engagement between fathers and services for children and families. This requires a culture change - from maternity services to early years, and from health visitors to schools - changing the way that they work to ensure that services reach and support fathers as well as mothers..”

Aiming High for Children: Supporting Families (Treasury, March 2007), 4.34-5

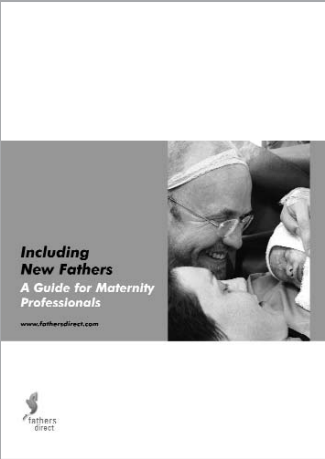


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Fathers Direct

Fathers Direct is the national information centre on fatherhood. We help Government, employers, services for families and children, and families themselves to adapt to the changing social roles of men and women.

We help institutions to base their work on the evidence from research on the impact of fathers on child welfare.

Our vision is a society that:

- gives all children a strong and positive relationship with their fathers
- supports co-operative parenting
- provides greater support for mothers as carers and earners
- supports the role of men in caring for children.

You can contact Fathers Direct on 0845 634 1328 or via our website at www.fathersdirect.com.



Including New Fathers
A Guide for Maternity Professionals

Why you need this guide	<ul style="list-style-type: none">• An introduction from Fathers Direct Chief Executive Duncan Fisher• What the experts say about fathers and maternity services	_ 06
Some important terminology	<ul style="list-style-type: none">• ‘Absent’ fathers, ‘good’/‘bad’ fathers, families who need extra help, ‘hard to reach’ fathers	_ 07
Why engage with fathers?	<ul style="list-style-type: none">• Six reasons why it is important to work with fathers	_ 08
How to engage with fathers	<ul style="list-style-type: none">• Preparing your team for working with fathers• Creating ways for fathers to access your service• Designing antenatal services to support fathers• Supporting young fathers• Tailoring the information you give to fathers• Involving fathers at scans• Involving fathers at the birth• Supporting the father after the birth	_ 14

“Having a baby marks not just the creation of an individual life, but the birth of a family. The RCM believes that maternity care should reach out to and include all members of that family. Midwives should make fathers feel welcome and involved. They should include them in parenting education, offer them the opportunity to discuss their thoughts and feelings about the changes they are facing, and support them to support their partner and infant.”

Royal College of Midwives policy statement.



Why you need this guide

An introduction from Duncan Fisher, Chief Executive, Fathers Direct

Families are changing. Fifty years ago women did almost all the caring and men almost all the earning in the vast majority of families in the UK. Now, even where children are under 3, women undertake some paid work in the majority of households. Today, fathers do almost one third of the parental care of children (25% during the week, 33% at weekends): that’s eight times more than 30 years ago - and more than is delivered by professional childcarers. Fathers undertake even more care when mothers work⁽¹⁾.



Duncan Fisher,
Chief Executive,
Fathers Direct

Fifty years ago few fathers in Britain attended the birth of their baby. Now 86% of all fathers attend the birth - 95% of parents who live together are together for the birth and the same is true of 45% of parents who live apart⁽²⁾. No health or family service other than maternity achieves remotely this level of connection with men in their role as carers of children.

The National Service Framework for Children, Young People and Maternity Services (referred to subsequently as “the NSF”) and other key policy documents from the Department of Health state that maternity services need to be “women focussed, family centred”. The NSF speaks of the need to develop partnership with mothers and fathers⁽³⁾, and other policy and practice documents state that midwives and health visitors can have an enormous influence on fathers and how they engage with mother and baby (see section entitled ‘How to engage with fathers’ for a full list of relevant documents and other resources).

So why is all this interest in fathers happening? There is now a compelling body of evidence that demonstrates the strong impact that fathers have on the health and wellbeing of mothers and babies, especially as fathers’ involvement increases during pregnancy, at the birth and in babycare. For example, on a practical level, your engagement with fathers can have a big effect on your service’s ability to meet key targets around smoking, breastfeeding and mental health. (You can find this evidence reviewed in some detail on www.fathersdirect.com in the maternity section).

But there’s more to it than that, and the significance of fathers’ impact - positive, negative, or a bit of both - on mothers and children is not just being recognised in the field of maternity services: across all health and family services, engagement with fathers is being re-evaluated.

This briefing, which is based on an extensive review of international evidence, explains the many and various ways in which engaging with fathers in maternity services is so important; and it outlines what actions you can take to make your service more responsive to fathers - and thereby to the families of which they form such a crucial element. We hope you find it useful.

Some important terminology

‘Absent’ fathers?

A total of 86% of fathers are present at the birth and 95% of mothers declare themselves to be in a relationship with the father when a baby is born - ranging from ‘just friends’ to married/living together⁽⁴⁾.

Couples can be living together or separately, or a bit of both. This briefing consciously covers all of these families, in line with the NSF⁽⁵⁾. When parents are not living together this does not mean that the father is necessarily “absent”. Even among the 4.4% of couples who are regarded, by the mother, as being “not in a relationship”, 25% of the fathers are still in touch with their infants nine months down the line⁽⁶⁾.

Having said this, there are clearly occasions when the father is not present at the birth or in the baby’s life afterwards; and/or when labour partners or key supporters of the mother other than the father play important roles during and after the birth. In this respect, although this document speaks about fathers, some of the ideas in it can also be applied to others among the mother’s family and close friends, where this is appropriate⁽⁷⁾.

“ Active fatherhood is a pent-up resource and we need to find a way to liberate that resource.”

Professor Michael Lamb, Professor of Psychology, Cambridge University

‘Bad’ fathers / ‘good’ fathers

Some fathers are overwhelmingly positive influences in their children’s lives; others have a serious negative impact; the vast majority are “good-enough” (that is, good enough for the child to feel secure, competent and lovable). Some can change negative behaviours; others cannot or will not. In short, fathers are real people (like mothers) and cannot be categorised neatly into “good” and “bad” – and this briefing covers them all.

Families who may need extra help

In this briefing you will see references to developing more responsive services for ‘families with additional needs’. These are defined in the NSF to be the following:

- families where there are particular health problems - mental, physical, genetic
- families with a disability
- families with relationship problems
- young parents
- families with a sick baby
- bereaved families
- families where a parent is in prison

‘Hard to reach’ fathers

Some fathers are frequently excluded from accessing family and children’s services, for example very young fathers. Such fathers are often referred to as “hard to reach”, but we believe this suggests the exclusion is their problem, when in fact the issue is generally that services are not used to reaching out to such families.

Why engage with fathers?

Research shows not only that fathers are more involved in caring for babies and children than in previous generations - but also that both parents want fathers to be even more involved.

Fathers are also there: their increasing presence in antenatal education and care, including at scans, at the birth and, thanks to paid Paternity Leave, at home immediately afterwards, means maternity services must find new ways of engaging more effectively with both parents.

Reason 1.

Fathers have a profound influence on the health and well-being of mothers and babies⁽⁸⁾

There is a substantial body of research relating to the influence of fathers on the health of mother and baby, whether positive or negative. Appealing to the needs of the baby can be a powerful motivator for getting fathers to change negative behaviours; and interventions that target fathers can have positive results in terms of improving health for mother and baby.

A father's mental health and emotional well-being, and the relationship between the mother and father, are both critical to the emotional growth and understanding of the infant. The degree to which a mother bonds positively with her baby can be profoundly influenced by the quality of father-infant bonding.

In terms of smoking, alcohol, diet, breastfeeding and contraception, fathers can support mothers in healthy choices, or they can obstruct them. Mothers' and fathers' behaviours tend to be highly interdependent in all these areas. Research shows that the father's beliefs and behaviour need to be addressed if the mother is to succeed in making healthy choices.

If a mother is depressed, a father can provide vital support to her and ensure the baby has the necessary care at all times. A depressed father puts a huge burden on a new mother, particularly if she is also depressed. Depression in one parent is a factor in stimulating depression in the other. Non-depressed fathers can "buffer" infants against the negative effects of mothers' depression.

Domestic violence and abuse have very negative impacts on mothers and babies – and by engaging in the right way with fathers as well as mothers, there is a lot maternity services can do to help stop the violence.

A full review of the research on the effects of engaging with fathers on women's and babies' health can be viewed in the maternity services section at www.fathersdirect.com.

Reason 2.

The father is likely to be a carer of the baby

Fathers play an increasing role in caring for babies. Babies need "confident parents able to bring up their children in a way that promotes health, development and emotional well-being"⁽⁹⁾. So a role for maternity services is to enable both parents to care safely and effectively for the baby after the birth⁽¹⁰⁾. Indeed, the NSF says that preparing parents for parenthood is as important for maternity services as supporting the health of mother and baby⁽¹¹⁾.

Research shows that maternity services have a key role in encouraging men to expand their caring roles. The more training, support and encouragement expectant fathers receive, the more likely they are to be involved with caring for their children later⁽¹²⁾. The more fathers are involved in everyday care during the first year, the more likely they are to remain involved throughout the child's life⁽¹³⁾.

Research at the University of Bristol showed that some fathers – particularly young and/or black fathers - experience significant barriers to obtaining support within maternity services⁽¹⁴⁾. A pilot project managed by Fathers Direct in London found the same⁽¹⁵⁾. So there is evidence that some services are not meeting needs because of gendered and racial assumptions; and that these are disproportionately affecting vulnerable groups.



Reason 3.
Early involvement by fathers helps babies

Early involvement of a father predicts longer-term involvement in the child’s life⁽¹⁶⁾ and levels of care giving by fathers show considerable stability over the first three years⁽¹⁷⁾ and moderate stability over a 14 year period⁽¹⁸⁾. Furthermore there is now a substantial body of research evidence that shows positive involvement of fathers to be associated with positive outcomes for children right through their lives⁽¹⁹⁾. Fathers’ involvement cannot start too early! Infants of very highly involved fathers are generally more sociable and seem equally attached to both parents; and their attachment to their mothers is also more secure.

Sensitive, supportive and substantial father involvement from the month following birth is connected with a range of positive outcomes in babies and toddlers - from better language development to higher IQs. For more about fathers’ impact on babies and children, see the research review in the maternity services section on www.fathersdirect.com.

Reason 4.
The birth of a baby offers the biggest chance to engage with fathers

Because fathers are more accessible to professionals at the birth of their child than at any other time, with a significant proportion attending antenatal classes, scans and the birth, this is a time of maximum opportunity to engage with fathers⁽²⁰⁾ - and they are also more open to receiving information and support about general parenting issues from professionals at this time than at any other in their child’s life⁽²¹⁾.

Sure Start Children’s Centres have the task of recruiting both mothers and fathers – but they cannot possibly do this without the help of maternity services, who are the only services that have almost universal access to fathers.

Mothers and babies need healthy fathers, yet statistics on the health risk-taking of expectant fathers give considerable cause for concern. The Government is promoting preventative health, for example, the Life Check programme. Becoming a father is a key moment when men reconsider their own health and review possible risk-taking behaviours.

Reason 5.
Mothers want fathers to be well treated

In NHS research in 2005, only 40% of mothers thought that fathers were strongly encouraged during the antenatal period; 62% of fathers felt this. After the birth, the opinion of mothers and fathers converged – only 48% of mothers and 46% of fathers felt that fathers were “fully encouraged”⁽²²⁾.

Interestingly, mothers’ assessment of how fathers were treated strongly predicted the mothers’ assessment of the maternity service as a whole – so much so in fact, that a subsequent NHS report proposed engagement with fathers as one of the four pillars of a good maternity service, along with providing continuity of care, offering choice, and providing good information.

Research shows that when maternity services interact with fathers in ways that are specifically designed to engage them, the results are good for mothers as well as fathers. Support that is not designed with fathers as well as mothers in mind has much less impact.



Reason 6.
The law requires it: the Gender Equality Duty

The new Gender Equality Duty (Equality Act 2006), effective from April 2007, requires all public authorities, including those commissioning maternity services, to have “due regard” to the need to promote equality of opportunity between men and women.

“Promoting” means being active and not passive: the statutory equality body and inspectorates will look for action and positive change as evidence of compliance. “Having due regard” means prioritising attention in proportion to its relevance – see the box below for how gender equality applies to maternity services.

Gender equality does not require men and women to receive the same service – there are circumstances, among which maternity is probably the most extreme example, where needs are different. But gender equality does mean that neither women nor men should be excluded from support they need.

The Gender Equality Duty requires public authorities “proactively to address the individual needs of women and men in all their functions”, to quote the official guidance on the Duty published by the Equal Opportunities Commission (and available on www.eoc.org.uk).

Around the birth, mothers and fathers have different needs in some ways (for example at childbirth one parent is giving birth and the other is normally present and expected to be informed and helpful) and similar needs in other ways (for example both are facing a life-changing experience in the transition to parenthood).

Under the law, bodies that commission maternity related services, like other public services, need to publish an overall scheme and action plan for promoting gender equality, covering all areas where gender equality issues are deemed to be relevant.

More particularly, at the point of commissioning any service, a gender impact assessment is required, assessing the differential impact of the service on women and men. This will assess if there is evidence of different needs between women and men and whether both women’s and men’s needs are being met. It will also look at the gender norms and stereotypes that are being assumed.

Compliance includes gathering information on how services impact on women and men respectively and consulting with women and men who use services in ways they find accessible.



Why the Gender Equality Duty is important for maternity services

The purposes of the Gender Equality Duty are to promote a better understanding by services of the different needs of women and men, to promote better quality of services, to achieve more effective targeting of resources, and to achieve better results and greater confidence in public services.

The Duty requires that public authorities prioritise actions that result in significant benefits to gender equality.

The biggest single driver of the pay gap and inequalities faced by women in the workplace is the fact that women do more care of children and domestic work than men⁽²³⁾ - and

research shows that maternity services have a key role in encouraging men to expand their role.

Guidance to the Duty is available on www.eoc.org.uk



“ We want the father to be part of the experience. We find him invaluable. It is very different when the woman does not have him there. The midwives have to do far more. The father is vital, particularly if she has had a caesarean or stitches. He is always busy, running baths, getting drinks, helping her to the bathroom, lifting the baby, sharing the responsibility. She has her own helper - the person who cares about her more than anyone else in the world.”

Caroline Flint, ex-President of the Royal College of Midwives and founder of Tooting Birth Centre, London

How to engage with fathers

Fathers Direct has produced the following recommendations for ways of improving maternity services' engagement with dads, none of which should cost extra money – although you may find that some of the suggestions for specialised interventions with families with additional needs and families who are frequently excluded, will cost more.

Preparing your team for working with fathers.

Invest in training

A relatively small investment in initial planning and training can reap major dividends in developing more father inclusive practice, as has been shown by family and children's services who have successfully engaged with fathers.

Organise training for all staff, including ancillary staff, in how to engage with fathers in a constructive way, using the Skills for Health midwife competencies as a guide. Any person communicating a negative attitude towards fathers in maternity services makes a big impact, particularly if the family is vulnerable in any way. Training should include simple things like making eye contact with men and awareness of appropriate body language. See the box on page 17 for ideas about attitudes that need to be challenged in training.



Set objectives for engaging with fathers

These can relate to existing core delivery targets. The following are a possible set of objectives around which to organise agreement and action:

- Enable fathers to be effective partners in caring for mother and baby.
- Support fathers in the transition to parenthood.
- Prepare couples to facilitate and support each other's roles.
- Ensure fathers are fully informed about key health issues, such as smoking, breastfeeding and depression.
- Signpost fathers as well as mothers to other services that may support them, in particular Sure Start Children's Centres.

Consider the Brief Encounters training for health professionals provided by the charity, One Plus One, which enables midwives and health visitors to talk to parents about parental relationships.

Involve both mothers and fathers in the planning of services; and ask both to record their experiences on leaving hospital, using a separate questionnaire for each.

If there is a local Maternity Services Liaison Committee, follow the official guidelines and ensure a third of its membership is drawn from service users, including fathers; and make sure it reviews the needs of both mothers and fathers and represents in particular families with additional needs and those who are often excluded⁽²⁴⁾. Local early years services (for example Children's Centre) may be able to nominate dads for the Liaison Committee⁽²⁵⁾.

Develop special strategies to consult with mothers and fathers from social groups that are easily excluded⁽²⁶⁾.

Confidentiality for dads

Good maternity practice requires confidential engagement with mothers (that is, talking to them alone at some point). This briefing suggests an extension of this practice to provide fathers too with opportunities for confidential engagement - a chance to reveal hidden resources or risk factors, or to raise worries and concerns that he is reluctant to burden his partner with.

Creating ways for fathers to access your service

Engage fathers in pre-conception advice and support

Provide pre-conception advice to boys and men. Invite them to consider including their sexual partner in the consultation, and similarly when providing pre-conception advice to girls and women, invite them to consider including their sexual partner in the consultation.

Register fathers wherever possible

Generally create an expectation that all fathers should engage with the service. Some fathers should not be included and your service should agree criteria defining when this is appropriate - for example if he is threatening to staff or if the mother objects to his presence - but otherwise work on the basis that they should be involved.

Communicate that your service routinely engages with fathers as well as mothers - and explain why this is important for maternal and child health, which are greatly affected by the involvement of prospective and new fathers in supporting mothers and directly caring for their children. It is important that your service offers fathers the opportunity to reflect on the changes they are facing, and to become clearer and more confident about their new roles. Some fathers may also have specific concerns that they want to discuss - e.g. about how the pregnancy is going, their own capacity to fulfil their new role, the mother's welfare, their relationship with the mother, and so on.

If the father comes into contact with your service, record his name, contact details and other relevant information. Explain why this information is needed for the best care of the mother and baby, and explain the extent of confidentiality. If the father is uncomfortable with having such information recorded, ask for just enough to be able to stay in touch, such as a phone number. Emphasise that he can ask for it to be amended or removed at any time.

If the father is not present, it is important to explore routinely with the mother, while enquiring generally about family circumstances, the potential benefits to her and the baby of the father engaging with services. There may be reasons why it is not safe or appropriate for the mother to attend with the father but, in general, research shows that most mothers will welcome the opportunity for the father to receive support and information about his role in the baby's life, and in supporting the mother. This is usually the case even where mother and father are not living together.

If the mother consents, you should record the same information about him, noting that he was not present. Then check what contact can be made directly, or encourage the mother to introduce him to the service. You should explain to the mother the extent of confidentiality - and that the service will inform the father that it holds data about him, explain to him why, and advise him whom he can contact if he wants to check its accuracy or have it removed^[27].



Attitudes about fathers to discuss in father-inclusive practice training

Underlying attitudes towards men that may never be discussed in the open can often get in the way of a service engaging with them constructively. These are some of the provocatively negative statements that stimulate debate at Fathers Direct training courses for professionals.

Through them, participants explore what they really think about men and women and how this influences their practice:

“A father cannot cope with children without a woman to help him.”

“Fathers are not particularly interested in caring for children.”

“Men are not able to change.”

“Men are worse at ‘multi-tasking’ and less cooperative and so they are less good at parenting and cannot learn.”

“Men who are very interested have a secret fathers’ rights agenda.”

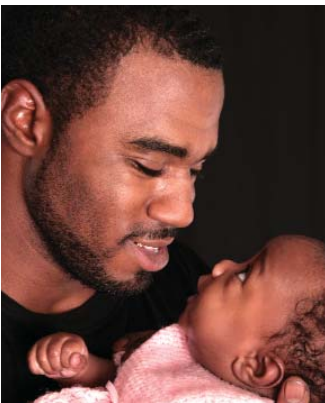
“A teenage father is not interested in his child and is avoiding his responsibilities.”

“Men are intrinsically violent and cannot change.”

“Men are much more likely to harm a child than a woman.”

“A man showing concern for a child in a public place is suspect.”

Designing antenatal services to support fathers



Be specific about meeting fathers’ needs

Antenatal education that has been specifically designed to address fathers’ concerns is correlated with substantially greater likelihood of their utilising support, undertaking housework, being more likely to ‘reason’ with their partners, and reporting better couple relationships⁽²⁸⁾.

A brief, inexpensive US antenatal intervention, consisting of one antenatal session with parents in separate gender groups focusing on issues of first-time parenthood, was associated with mothers’ reporting greater satisfaction with the sharing of home and baby tasks postpartum⁽²⁹⁾.

A randomized controlled trial of an antenatal intervention with low-income fathers (two sessions of factual information, practical skills training and bonding exercises) found substantially greater information-retention and parental sensitivity one month postpartum among the intervention group compared with the control group⁽³⁰⁾.

Where it is clear that there are relationship difficulties, refer to appropriate local agencies, such as Relate, on the grounds that a poor parental relationship is a key risk factor for the mother and baby.

Other issues, including fathers’ mental health, use of violence, substance abuse and rejection of the pregnancy should also involve referral: maternal antenatal stress is correlated with negative birth and developmental outcomes.

With the mother or with the couple, assess the role of the father when developing the care plan – e.g. the support/risk that he represents, or his lifestyle and how this might need to change, or the requirements of the mother in relation to his role⁽³¹⁾.

Establish the father’s knowledge about pregnancy, birth, the postnatal period and parenting and address any misconceptions he may have. Awareness of cultural and religious differences between ethnic groups is important in this regard and can be researched with local families⁽³²⁾.

Access the father as a potential source of information on the mother’s needs and expectations, establishing an open and supportive relationship with him⁽³³⁾.

Provide images of fathers in your antenatal settings and appropriate men’s interest magazines in the waiting areas. Use DAD posters, packs and cards, available at www.dad.info.

Consider specialist antenatal support for families with additional needs or for particular minority ethnic communities. Examples of specialist support might include specialist workers, specialist sessions, special materials. Larger services can consider employing a fathers’ worker to engage with fathers, in particular young, black and minority ethnic, other socially excluded fathers, or fathers in prison.

Consider running smoking cessation classes for smoking couples: not only are mothers less likely to give up if their partner smokes, but when expectant and new fathers are addressed directly they are more likely to give up or smoke out of the house. For more details on this, see the research review in the maternity services section of www.fathersdirect.com.

Ensure fathers are aware of the symptoms of postnatal depression, know where to turn for help, and have a good understanding of new mothers’ experiences: fathers are the most usual support persons.

Publicise and schedule antenatal education to optimise fathers’ attendance

The Healthcare Commission asks every maternity service in England every year, as part of its mapping of maternity practice, whether or not it provides antenatal education for fathers.

It is best specifically to advertise these services to “mothers and fathers” and to avoid using the term “parent” which is commonly understood by both men and women to mean mothers only. Also avoid the use of such terms as “group”, “education” or “class”: advertising your intervention as “how to” information sessions focussed on the future baby, for example, is likely to attract more dads.

Schedule antenatal sessions at different times of the day/evening/weekend to involve mothers and fathers with different working patterns.

Recognise in your antenatal sessions that fathers’ concerns and experiences may differ from mothers’, and provide opportunities to address the needs of both, either separately or together. Adaptation of antenatal education to the particular needs of fathers has been found by researchers to be vital for its effectiveness. Some services provide men-only sessions; others have sessions for both parents where men and women divide for a short period; others always work with couples, but are careful to address the needs and experiences of both parents throughout.

Sometimes single-sex classes are necessary for mothers and fathers. Some minority ethnic mothers or mothers involved in violent relationships may need classes for women only. Some men and women, particularly the very young, can be more at ease in a single-sex environment

Ask fathers what concerns them. Research shows that commonly they have the following issues uppermost in their minds:

- What happens if something is wrong with the baby?
- What can I do to help my partner through the pregnancy?
- What happens if something goes wrong at the birth?
- What if I am not ready to be a father?
- What will happen to our relationship?
- How can we still earn enough money?

In relation to the question of who cares for the baby and who earns money, consider stimulating discussion about whether parents want to share roles or not. For some ideas about how to broach this subject, see the next page.



“ Involvement of prospective and new fathers in a child’s life is extremely important for maximising the life-long well-being and outcomes of the child (regardless of whether the father is resident or not). Pregnancy and birth are the first major opportunities to engage fathers in appropriate care and upbringing of children.”

National Service Framework for Children, Young People and Maternity Services 11, 5.6

Discussing parental dynamics after the baby is born

The following are issues that can have a profound impact on the quality of care of the baby and on maternal health and wellbeing in the first year.

- Talk about the vital importance of mothers and fathers agreeing what the role of the father is in the first year; and of being prepared to re-evaluate this as time goes on.
- Consider whether the father has any choice about whether he works or looks after the child.
- Discuss the huge variety of different ways that mothers and fathers organise work and care - to demonstrate that couples have something to discuss and negotiate in order to find their own way.
- Stress the importance of practice in baby care. Men are not inherently less able to care for babies - some are good at it naturally, some not so good - just like mothers. The key is practice: 45 minutes a day is sufficient practice to reach high skill levels with a baby.
- Greater father involvement in infant care and other household tasks is correlated with lower parenting stress and depression in mothers⁽³⁴⁾ and with heightened parenting satisfaction⁽³⁵⁾ and responsiveness⁽³⁶⁾ in fathers.
- Some mothers (particularly depressed mothers, or mothers who have fears about their own competence) want to be in complete control of the father's caring activity; other mothers (or fathers) work very long hours; some fathers who were initially highly involved may reduce their involvement later. Such situations, which may develop slowly without the parents noticing, can lead to real unhappiness. Help parents set up systems for talking with each other regularly about their roles, without blame or hostility.
- Discuss the negative impact on fathers and on couple relationships of extreme skill differences developing between mother and father through which the father may become marginalized, and the mother overburdened, in the home.
- Statistics show that some sharing of responsibilities is correlated with greater satisfaction for both mothers and fathers, including in families with traditional beliefs about motherhood and fatherhood. And research has shown that during the first year, it is common for mothers and fathers to become increasingly dissatisfied with their own role and with their partner's role performance⁽³⁷⁾. It is really worth raising these issues with parents in advance of the baby being born.

Supporting young fathers

Recognise that young fathers, particularly teenagers, may have different needs

It is widely accepted that teenage pregnancy requires targeted services, and the inclusion of young fathers in these services is of particular importance. Interagency working is vital here: young fathers, like young mothers, also need to be referred, as appropriate, to agencies such as Connexions, for help with housing, education, employment and health issues. These agencies can also refer young fathers to maternity services.

At Fathers Direct we have reviewed the evidence on teenage parents; below are some of the main findings. The rest, and the references for the facts cited below, are available at www.fathersdirect.com in the review of research accessible from the home page.

- Young men are in general less knowledgeable about sex and relationships than young women, but they rate such education when they get it more highly than the young women do.
- Young fathers often face family rejection and believe they are unwelcome and inadequate as parents. The roles of father and adolescent can conflict.
- Young fathers are a highly disadvantaged group and are far more likely to be disadvantaged than older fathers.

- Young fathers' experiences of maternity services are often unsatisfactory, and this may be particularly true for young fathers from minority ethnic groups.
- Young fathers are much more interested in fatherhood than services think they are.
- Young fathers are much more likely to be in a relationship with their baby's mother than services think they are.
- Most young mothers want their child to have a positive relationship with his or her father: to assume the father is not interested and to fail to address him usually ignores the mother's wishes.

To fail to assess and address the baby's father may, indirectly, increase risk to the infant. For expectant teenage mothers, lack of perceived support by the father of their baby is a key correlate of high scores in the Child Abuse Potential Inventory. Decreased involvement by the father is also associated with increased stress on the part of the mother.

To fail to assess and address the baby's father may increase the direct risk to the infant from his own psychopathology or from risky behaviours in which he is engaged.

The relationship between the young parents is key to the contribution that young fathers make to the wellbeing of the baby. Fathers are more involved if the mother has greater relational capacity.

Vulnerable children (as the children of young parents are more likely to be) are in the greatest need of ongoing positive relationships with their fathers. They tend to do worse than better supported children when father-child relationships are poor or non-existent; and to experience greater benefits from the 'buffering' effect of a positive relationship with a father when exposed to a wide variety of risks and problems.

Try these good ideas for working with young fathers which were put forward by midwives at a conference of teenage pregnancy midwives in 2002.

- All-male antenatal sessions, or part-sessions, work well - men talk a lot more about their feelings and worries among men. A frequent phenomenon in mixed sessions is fathers remaining silent during them, and then queuing up to ask questions individually at the end.
- The fundamental purpose of antenatal sessions is not to impart knowledge, but to create the opportunity for social support and the building of confidence.
- Where the parents are very young indeed, or there is a big age difference between the mother and father, one-to-one engagement with both of them is particularly advisable.
- Use laminated pictures. Place face down on the table and turn them over as a stimulus for discussion. Pictures can be varied - funny, sad, sexy, pictures of food, alcohol, unusual situations.
- Some services use incentives for mothers and fathers to attend. They may give £10 vouchers from local shops to fathers attending at least four antenatal sessions, for example.



- The gender of the person working with the father does not much matter to the fathers - genuine interest and respect is the key. However, a man "modelling" positive, involved fatherhood can be a huge benefit.

- When working with young parents it can be important to work also with their friends (peer pressures may detach a young father from his child) and with their wider families: young fathers' engagement can be helped, or hindered, by their own parents and by the young mother's parents.
- Mothers have notes they take home and fill in during pregnancy. Fathers should have them too as this helps them recognise and reflect on their own experience of the pregnancy.
- Start antenatal support by asking what fathers (and mothers) actually want from group, couple or one-to-one support. Keep checking in on this as time goes on: new issues are sure to emerge.



- Young fathers really do want to engage - almost all of them.
- Sometimes young couples need to be seen on their own, without the presence of the young mother's own supporters, for example her mother. Her friends or family can get in the way of his supportiveness. Sessions with young dads may work best out of hours and near to where they live.



"If our country recognises that (parents sharing roles) is a worthy goal, then we should make it easier for fathers to do so through a legal and cultural expectation of substantial involvement with their children from the earliest stages."

Kathleen Marshall, Scotland's Children's Commissioner

Dealing with difficult and violent fathers

Difficult fathers

What can you do with fathers who present as hostile, ‘difficult’ or reticent?

Recognise that such behaviour may represent a sense of alienation or other problem that could obstruct the health and welfare of mother and baby. Sensitive practice, perhaps working with the father alone, may resolve more minor issues. When the problem is one that exists between the parents, it is important not to align with one against the other: if you do not feel skilled in handling couple conflict, you may need to refer on. If you need to exclude a father whose attitude or behaviour is disruptive, seek to ensure that his needs are met by another route, for the sake of the mother and baby.

As necessary, liaise with appropriate other services – for example youth services, drugs & alcohol services, Brook Advisory, mental health services, community organisations, employment, education and training, domestic violence services.

Domestic abuse in the perinatal period

Some pregnant women accessing local maternity services will be experiencing domestic abuse usually from their partner. Advice for health professionals on how to engage with women and children around these issues is contained in *Responding to domestic abuse: a handbook for professionals* (Ref: www.dh.gov.uk/assetRoot/04/12/66/19/04126619.pdf). Most domestic abuse is carried out by men against women. However, the Handbook states that much of its guidance can also be applied to men and those in same sex relationships who experience domestic abuse, who deserve the same respect and support if they turn to health professionals for help.

Where the pregnant woman is experiencing domestic abuse, this puts her and the baby at risk. Services have an obligation to provide all support possible, so that she is not left to deal with the problem alone.

Express a zero-tolerance position about domestic abuse. Make everyone using the service aware that domestic abuse is unacceptable and can lead to criminal convictions. This communicates to all mothers, fathers and staff that domestic abuse is absolutely wrong, dangerous and must be tackled. You need to know where to signpost anyone experiencing domestic abuse for further support. The handbook contains a list of useful contacts. If there is a disclosure of abuse, make safety issues the first priority. It is vitally important that information and accurate recording of abuse is kept confidential. Without confidentiality, people experiencing domestic abuse are less likely to talk about their experiences. Their physical safety can depend upon it.

However there are limits to confidentiality and there will be occasions when safe information sharing will be necessary to appropriately safeguard adults and children.

In individual antenatal sessions with mothers and fathers (where these are happening), give space to each to raise the issue. Training in asking sensitively about domestic violence is available, and is more likely to uncover it, where it exists.

Men who are looking for advice on how to stop their abusive or violent behaviour towards their partners should be signposted to Respect, a national charity which has a database of programmes for male perpetrators of violence. Their helpline number is 0845 122 8609.

Be aware that most fathers are not abusive and, indeed, can often be a source of protection for mothers and babies in situations of risk (e.g. where the threat is from a third party).



Domestic abuse is defined by the Home Office as "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality."



“Messages to Dad” from a Fathers Direct poetry competition for primary school children, held in 2004

Fireworks fizz all around, when he
comes into my eyes.
He makes me laugh, with his smile!
He’s my flame in my life, and guided me
when I was young through the world.
One shoulder to cry on when I’m sad,
someone to rely on when I’m BAD!
My only man who’s truthful, cunning and kind.
A special person who’s as cuddly as a bear.
A shining sun who looks out for me anytime.
A flowing river that will never stop.
My guardian angel in the sky, that flies
above me all the time
The bestest man...he’s my knight in shining armour.
When I win I do him proud, he smiles and
smiles and cuddles me now.
Guess...Guess... who is this AMAZING man?
.....Who else but my DAD!!!
Jenny (Yr6)

If you look at the sky at night
You will see that there are no more stars.
And it’s all your fault.
Because every time I miss you a star falls from the sky
And I have missed you so much that
There are no more stars in the sky
And soon no moon
Dunia (11)

5. **Tailor the information you give to fathers**

Provide information to both parents that is responsive to their needs, non-directive, and sensitive to developmental, cultural, social and language differences⁽³⁸⁾. Make information you provide sensitive to gender differences.

Ensure that fathers have good information about key health issues: smoking, diet, drugs & alcohol, breastfeeding, mental health, including post natal depression.

Provide both parents with information about services available to mothers and fathers beyond the maternity service.

Consult with mothers and fathers about their information needs through the Maternity Services Liaison Committee.

Give the DAD card to all your fathers (see inside front cover for more details).

Promote the Department of Health's Life Check programme to both parents.

Express zero tolerance to domestic violence in information targeted at mothers and fathers (for more ideas on dealing with domestic violence see page 24).

Provide targeted information for families with additional needs or families that are frequently excluded (see note on definitions on page 7). In particular consider special information for very young fathers. Their expectations may be so reduced that many do not know what they need to know and do not expect to be informed at all.

6. **Involving fathers at scans**

Make a special effort to get fathers to attend scans

For both parents, the scan is an important step in the preparation for parenthood, with the father's presence often very important to the mother, particularly if the news is not good. Consider a designated time and place for young mothers' scans, and encourage the dad to be there.

Here are two typical stories which illustrate how important the father can be at this point in the pregnancy:

" When I was pregnant for the second time, I attended a 14 week scan without my husband (he was looking after our son who was ill). At the scan I was told there was no heartbeat and the baby had died. It was the most horrific moment of my life and I needed my husband with me more than anything. He has never missed a scan since and has been there to support me when a second miscarriage was diagnosed at scan and when, in my current pregnancy, a potential problem was identified. I think it is essential for the father to be there, it is his baby too and important news affects him as well."

Julie, 37

" Two weeks later we went together for the follow up scan, where it was confirmed that the foetus was not developing. I was not able to see the screen, but Ed saw it all, and asked them to show me (I wouldn't have had the courage). That was the single most important thing in understanding and coping with my miscarriage - seeing the sad, sorry state of the tiny foetus. But without Ed there I would not have been able to see that."

Emma, 35



7.
Involving fathers at the birth

Prepare fathers for being at the birth

It is important to enable parents to discuss whether the father should be at the birth or not. Find out from the mother and father what kinds of roles they would like the father to provide. If the father is to be present, prepare him in advance for a positive role in providing support to the mother during labour. Research shows that what makes a difference to mothers is practical support from the father⁽³⁹⁾.

Provide special preparatory support to families with additional needs.

Be aware of cultural differences between families and how this might play out in the labour room in relation to the presence of the other people. But recognise that in every ethnic minority group there is considerable diversity between families.



When fathers or other labour partners know a lot about pain control, women have shorter labours and are less likely to have epidurals⁽⁴⁰⁾. Mothers who experience support from their birth partners (including their babies' fathers) during labour and delivery are less distressed, experience less pain, receive less medication and feel more positive about the birth experience⁽⁴¹⁾ and about motherhood⁽⁴²⁾.

A positive birth experience for a woman is strongly linked with feeling in control of the birth process, and this is correlated with feeling supported by her partner⁽⁴³⁾. Fathers who have been prepared very well to participate productively in the labour process tend to be more active participants, and their partners' birth-experiences tend to be better⁽⁴⁴⁾.

Studies repeatedly show high levels of satisfaction postpartum for both mothers and fathers in sharing the experience of labour and birth, even where fathers have been only minimally prepared⁽⁴⁵⁾. These positive findings may be associated, in some cases, with the father's contribution as a general factotum on an understaffed labour ward⁽⁴⁶⁾. Fathers' presence has been shown to help compensate for poor quality obstetric services⁽⁴⁷⁾ and mothers consistently rate their partner's presence to be more helpful than that of many medical staff⁽⁴⁸⁾.

Make the birth environment welcoming to fathers

It is really important to make the delivery room or birthing suite a place where fathers are welcome. Engage with fathers and/or other birthing partners throughout the process and offer practical help to them to be useful and supportive during labour and childbirth. If surgery is required, reassure the father and encourage him to ask questions and understand what is going on.

Consider encouraging fathers to cuddle the baby skin-to-skin just after the birth. Catherine Cummings, senior midwife at Forth Park Maternity Hospital, Fife, says: "Going skin-to-skin with new babies is a relatively new thing for fathers and not everybody approves. But it's only cuddling your baby, so why not? It's something dads want to do. And it's what they'll be doing if they're up half the night holding the baby. Men have totally changed in the course of my career. When I started out as a midwife 23 years ago, holding the baby in the delivery room was not where men were supposed to be. Now it's turned on its head. It's wonderful and skin-to-skin contact does help to bond fathers and children."

If, immediately after the birth, the father gets a camera out, suggest that at least one picture has him in it⁽⁴⁹⁾!

8.
Supporting the father after the birth

Ensure the father has support after the birth

Provide opportunities for the father to bond with the baby and encourage this – for example, holding the baby for a sustained period while the mother sleeps or rests. Allow parents to stay together with the baby as long as they like, day and night.

Provide opportunities for both parents to de-brief on the experience of the birth, even births considered normal from your perspective.

Ensure that the father, as well as the mother, gets first lessons in baby care, such as bathing and nappy changing. Be aware that some fathers are afraid of being clumsy and stupid and might think that being a man is the problem. Give them privacy while learning and reassure them that big hands can care for a baby as well as small hands! An intrusive and critical coach, be it a professional or the mother, will cause many fathers to withdraw.



Breastfeeding provides mothers with a ready-made form of intimacy with the baby. Support fathers in finding forms of intimacy with the baby, lest this become a temptation for the father (and mother) to try to hasten the end of breastfeeding (see page 30).

Offer additional support to fathers of premature babies, in the same way that additional support is provided to these mothers. Premature babies increase parental stress and depression, but support interventions work well.

Some larger services put together a pack for fathers, with a variety of items to welcome him to fatherhood. If you run postnatal sessions, revisit the issues of parental dynamics discussed on page 20.

Have special strategies for families with additional needs and families that are easily excluded.

Make sure you know if the father suffers depression in the postnatal period and ensure that it is treated. Paternal depression is not good for the baby or the mother. If the mother suffers from depression, ensure that the father's needs are met so that he can be a source of support for the mother and infant. He is at increased risk of depression himself if the mother is unwell.

Create a partnership with the local Sure Start Children's Centre and specifically refer the father onto the Centre when you refer the mother.

Engage with fathers during home visits routinely. If the father is non-resident or frequently away, make special arrangements with the mother to ensure he remains included.





Five ways for
dads to get
close to their
babies

1. Gaze

Fathers, like mothers, can enjoy mutual gaze with a baby for the short periods before the baby becomes tired. This is part of the development of the baby’s brain.

2. Cuddling
and settling

Almost all babies can stretch their parents beyond endurance! Having two people who have acquired the skill to comfort the baby can be an enormous relief and a source of great personal achievement for both parents. And it may help to prevent Shaken Baby Syndrome.

3. Massage

There is a whole technique for massage, well described in books and DVDs.

4. Play

There are appropriate forms of play even for the smallest of babies and fathers can learn these. Some fathers think play is a key role for fathers and can find their newborn baby unresponsive before they know how to play with a baby.

5. Bathing

Make sure the baby does not leave the maternity ward without the father having had a lesson in bathing.

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49. The author of this briefing remains forever grateful to the midwife who thought of this at the birth of his first daughter, complete with the fetching blue hat required at the emergency caesarean section!

Including New Fathers

A Guide for Maternity Professionals

Copies cost £4.95 and are available from Fathers Direct.

Fathers Direct, a registered charity, advises Government on how to adapt policy to the increasing role of fathers in caring for their children. Fathers Direct is represented on the Maternity Services Implementation Advisory Group at the Department of Health.

Around 1,000 people with a professional interest in improving their engagement with fathers attend Fathers Direct events each year. The organisation is the UK's leading provider of training and consultancy to family and children's services on father-inclusive practice.

To learn more visit www.fathersdirect.com, in particular the section on maternity, call our telephone helpline for professionals on 0845 634 1328.

